

Darin M Camarena Health Centers, Inc.
Home Enviromental Assessment and Education FORM
 (This form to be done once)

1

11Child's Name:	Address:	CHW ID:	Date:
SFHP ID # (YWC ID):	City:	Type of Visit:	Start time:
Caregiver:	State: Zip:	Location:	End time:

HOUSEHOLD INFORMATION:

Length of time at this address:	Number of residents:	Number of children (under age 21):
---------------------------------	----------------------	------------------------------------

Dwelling Type	Ownership of dwelling
Single Family Home	Owned by residents of family
Condominium	Rental
Apartment	Section 8
Other:	Other:

Household Members:	Age (if under 18)	Asthma?	Allergies?
Relationship to Patient		Y N	Y N
		Y N	Y N
		Y N	Y N
		Y N	Y N
		Y N	Y N

Your child's allergy skin test shows he/she is allergic to:

Cockroaches____ Dust mite____ Mold/altenaria____ Weed/grass____ Tree (Cypress)____ Cat hair____

ENVIROMENTAL ASSESSMENT AND EDUCATION:

Sections A-B-C-D-E-

Dust/Dust Mites: Ask caregiver "Does your child's asthma worsen when around dusting/vacuuming/cleaning agents?"

Questions	Y/N	If yes, recommendations given	Changes Implemented/Date Completed
Is there carpeting in the home?	Y/ N		Y/ N
Does the family usually vacuum weekly?	Y/ N		Y/ N
Does family use HEPA allergy bag?	Y/ N		Y/ N
How often vacuum bag/filter changed? ____			
Is the carpet cleaned <than 2 times a year?	Y/ N		Y/ N
Are there area rugs?	Y/N		Y/N
Are the area rugs cleaned at least 2x a year?	Y/N		Y/N
Is there carpeting or area rugs in the patient's	Y/ N		Y/N

Darin M Camarena Health Centers, Inc.
Home Enviromental Assessment and Education FORM
 (This form to be done once)

2

bedroom?				
Does the patient use mite proof mattress/ pillow covers?	Y/ N		Y/ N	
Does patient use feather pillows/ comforters? Does patient wash bedding/sheets every 2 weeks in hot water?	Y/ N Y/ N		Y/ N Y/ N	

Are there decorative pillows/stuffed animals? Are they cleaned <than 4 times a year?	Y/ N Y/ N		Y/ N Y/ N	
Are there window coverings/curtains/blinds? Are they cleaned <than 4 times a year?	Y/ N Y/ N		Y/ N Y/ N	

COMMENTS: (Circle level of Severity of problem in this section 1= no improvement 2=low improvement 3= high improvement needed (triggers present))

Sections G-H

Mold/Mildew: Ask caregiver *“Does your child’s asthma worsen when around mold and mildew?”*

Questions **Y/N** **If yes, recommendations given** **Changes Implemented/Date**
Completed

Are there indoor plants, mildew pots?	Y/ N		Y/ N	
Is there moisture or dampness anywhere in the home	Y/ N		Y/ N	
Is there any visible mold anywhere in the home?	Y/ N		Y/ N	
Is there a musty odor anywhere in the home? Is there ventilation/ exhaust fan in bath/kitchen?	Y/ N Y/ N		Y/ N Y/ N	
Is there a basement, attic, or crawl space?	Y/ N		Y/ N	
<i>Note:Hygrometer needed for this section</i> Is the humidity level between 40%-50%? (CHW: record humidity level: _____)	Y/ N		Y/ N	
Is a dehumidifier used?	Y/ N		Y/ N	
Is a humidifier used?	Y/ N		Y/ N	

COMMENTS: (Circle level of Severity of problem in this section: 1=no improvement 2=low improvement 3=high improvement needed (triggers present))

Sections H-I

Pets/Cockroaches: Ask caregiver *“Does your child’s asthma worsen when around tobacco smoke/fireplaces or sprays?”*

Questions **Y/N** **If yes, recommendations given** **Changes implemented/Date completed**

Are there pets in the home? Circle all that apply: dog, cat, bird, other: _____	Y/ N		Y/ N	
Do pets sleep inside the home? Do pets sleep on furniture or beds?	Y/ N Y/ N		Y/ N Y/ N	
Do pets spend time in patient's bedroom?	Y/ N		Y/ N	
Are there cockroaches in any area of the home?	Y/ N		Y/ N	
Are there rodents in any area of the home?	Y/ N		Y/ N	
COMMENTS: (Circle level of Severity of problem in this section: 1=no improvement 2=low improvement 3=high improvement needed (triggers present))				

Sections J-K-L				
Pollen/Air/Irritants: Ask caregiver <i>“Does your child’s asthma worsen when around tobacco smoke/fireplaces or sprays?”</i>				
Questions	Y/N	If yes, recommendations given	Changes Implemented/	Date
Completed				
Do any of the residents smoke? Is smoking allowed in the home? If yes, what is the relationship to the patient?_____	Y/ N Y/N Y/N		Y/ N Y/ N Y/ N	
Is there a fireplace, kerosene heater used in the home?	Y/ N		Y/N	
Does family use air cleaner? Is it a HEPA air cleaner? How often does family change air cleaner filter?_____ How often does family change heat/air conditioner filter?_____	Y/ N Y/N		Y/N Y/N	
COMMENTS: (Circle level of Severity of problem in this section: 1=no improvement 2=low improvement 3=high improvement needed (triggers present))				

Additional
Comments:

Darin M Camarena Health Centers, Inc.
Home Enviromental Assessment and Education FORM
(This form to be done once)

4

Health Educator __/__/__

Signature

Doctors
comments: _____

Reviewed by Doctor __/__/__

Dr. Signature